### Inventor Information

Inventor One Given Name:: Fred O.
Family Name:: Hartmann

Name Suffix::

Postal Address Line One:: 15378 Highway 59 Northeast

Postal Address Line Two::

City:: Thief River Falls

State or Province:: MM

Country::

Postal or Zip Code:: 56701

City of Residence:: Thief River Falls

State or Prov. of Residence:: MN

Country of Residence::

Citizenship Country:: U.S.A.

Inventor Two Given Name:: Allen C. Family Name:: Aaseby

Name Suffix::

Postal Address Line One:: 16185 160th Street Northeast

Postal Address Line Two::

City:: Thief River Falls

State or Province:: MN

Country::

Postal or Zip Code:: 56701

City of Residence:: Thief River Falls

State or Prov. of Residence:: MN

Country of Residence::

Citizenship Country:: U.S.A.

Given name of Applicant::

Family Name:: Name Suffix::

Authority under 1.42:: Authority under 1.43::

Authority under 1.47:: Postal Address Line One::

Postal Address Line Two::

City::

State or Province::

Country::

Postal or Zip Code:: City of Residence::

State or Prov. of Residence::

Country of Residence:: Citizenship Country::

## Correspondence Information

Correspondence	Customer	Number::	00164	
Telephone::		612/	/339-1863	
Fax::		612/	/339-6580	

Electronic Mail::

drdufault@kinney.com

Application Information

Title Line One:: HAND-TRUCK APPARATUS

Title Line Two::

Total Drawing Sheets:: 6
Formal Drawings?:: Yes
Application Type:: Utility

Docket Number:: G351.12-0001

Licensed US Govt. Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Application?::

Representative Information

Representative Customer Number:: 00164

## Continuity Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

# Foreign Priority Information

Country::	Application No.::	Filing Date::	Priority Claimed::
<u></u>			

# Assignee Information

Name::

Address line one::

Address line two::

City::

State or Province::

Postal or zip code::

Grand Steer Inc.

15378 Highway 59 Northeast

Thief River Falls

Minnesota

56701